



**Indiana  
Professional  
Licensing  
Agency**

**Board of Pharmacy**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Phone: (317) 234-2067  
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

### Non-Resident Pharmacy Renewal Form

Your license expired 12/31/2013. You may renew your license online at [www.pla.in.gov](http://www.pla.in.gov) or complete and mail this form with the renewal fee of \$200 to the address in the top right corner. Make your check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to question 1-5 below send a signed and notarized statement fully explaining the response plus any additional documentation by email to [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or by fax to (317) 233-4236. If you answer 'Yes' to question #6 you must fax or email your VIPPS accreditation documentation to the information above.

LICENSEE INFORMATION			
Enter Licensee Name	Enter License Number	Expiration Date 12/31/2013	Renewal Fee \$200.00
Enter NABP/NCPDP Number:		Enter Facility DEA number:	
Phone Number:		Email Address:	

QUESTIONS Since you last renewed:		
1. Has your facility or any of your pharmacists or technicians been convicted of or pled guilty to a violation of a federal or state law that has not been expunged by a court or are criminal charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have any of your pharmacist or pharmacy technician licenses been disciplined or are formal charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Has your facility's license(s) been disciplined or are formal charges pending in your state of domicile or any other state in which the facility is licensed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has your facility been denied a license or registration in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you had any action, discipline, or revocation on any federal registration you hold or have held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you receive 25% or more of your business via the internet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you dispense controlled substances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Does your facility engage or plan to engage in sterile compounding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Does your facility engage or plan to engage in non-sterile compounding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Qualifying Pharmacist	Date (month, day, year)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your licensure, or email the Board at [pla4@pla.in.gov](mailto:pla4@pla.in.gov).

***"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at [www.in.gov/cutredtape](http://www.in.gov/cutredtape)." -Nicholas W. Rhoad, PLA Executive Director***



FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date